

1.) CORPORATION NAME:

**Starr Aviation Agency, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1667106**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3353 PEACHTREE RD NE STE 1000

CITY/ST/ZIP: ATLANTA, GA 30326-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WILLIAM EASON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	JOHN A MYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	MICHAEL J CASTELLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	STEVEN G BLAKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	MICHAEL J HORVATH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		

NAME:	JOHN JOSEPH ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	KYLE SPARKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	JOHN A LUIKERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	ROBERT HODGES BRADBERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	STEVEN B CHASE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	INKEN HILDEGARD GERLACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	CHARLES W GROEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	CHARLES W GROEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	JAMES M MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	JEFFREY SADLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		

NAME:	JAMES C WATT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	LYNN W WEAVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	JAMES D CLARK, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	DEVIN CATHERINE FAIRBANKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	GREG FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	PHILLIP C HAMILTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	WILLIAM C HARWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	NIRAJ PATEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Controller		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	BRIAN RIVERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		
NAME:	CHRISTINA L SYMONDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3353 PEACHTREE RD NE STE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN BLAINE AVP 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE CLIFFORD ASST SECRETARY 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARTON A DUVALL AVP 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY J LARSEN AVP 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL J SEYBERT AVP 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J SMITH AVP 3353 PEACHTREE RD NE STE 1000 ATLANTA, GA 30326-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JULIE CLIFFORD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JULIE CLIFFORD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		4/20/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			